MARYLAND

4669

STATE DEPARTMENT OF HEALTH

04639

Reg. Dist. No. 2-021

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairlee (Fairlee) — LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: nursing home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Martin (Last) Buckmaster

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 26 1883

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Usual wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kent County Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Perley Walker

14. MOTHER'S MAIDEN NAME: Mary Cornelius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Robert A. Buckmaster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval between onset and death: 12 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardiovascular decease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 54, to May 29, 19 54 that I last saw the deceased alive on May 29, 19 54, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F Smith MD — ADDRESS: Rock Hall, Md. — DATE SIGNED: May 31, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 1 1954 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town or county) (State): Chestertown Md

DATE REC'D BY LOCAL REG.: May 31-1954 — REGISTRAR'S SIGNATURE: Claude L. Barnes

24. FUNERAL DIRECTOR: B R Sellers — ADDRESS: Still Pond Md

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BUREAU V. S.

04640

MARYLAND 4670

Item 13 film G 166 5/24/54 cn
& Item 9

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

2 weeks

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY KENT; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCK HALL; LENGTH OF STAY (in this place) XXXXX yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT & QUEEN ANNE'S 320 CHESTERTOWN, MD	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY KENT; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCK HALL (1½ years); STREET ADDRESS (If rural, give location) X
3. NAME OF DECEASED (Type or Print): (First) AUGUSTA (Middle) (Last) CARLSON	4. DATE OF DEATH: (Month) MAY (Day) 17 (Year) 1954
5. SEX: F	6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: Dec 7, 1883
9. AGE last birthday: 70 7/11 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): GERMANY	12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Otto JOHNSON	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS CLIFFORD CARLSON ROCK HALL, MD.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
904.0 Immediate cause	(a) Cerebro-vascular Accident.	5 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis; Diabetes	
	(c) Mellitus; Fracture Left Hip	6 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post-Op: Arthroplasty, Lft Hip — 1 wk.

19a. DATE OF OPERATION: 5.5.54	19b. MAJOR FINDINGS OF OPERATION: Fracture of left Hip	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT (Specify) / SUICIDE / HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home	(CITY OR TOWN) New Jersey (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): Not known m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fall at home.

22. I hereby certify that I attended the deceased from May 3, 1954, to May 17, 1954, that I last saw the deceased alive on May 17, 1954, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William T. Keefe Jr. MD ADDRESS CHESTERTOWN MD DATE SIGNED 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE: 5/20/1954	NAME OF CEMETERY OR CREMATORY: Osborneville Cem.	LOCATION (City, town, or county) (State): Ocean County, New Jersey
DATE REC'D BY LOCAL REG.: May 18-1954	REGISTRAR'S SIGNATURE: Clara L. Baines	24. FUNERAL DIRECTOR: J. Willis Wells	ADDRESS: Chestertown, Md.

RECEIVED
MAY 20 1954
BUREAU V. S.

04641

MARYLAND 4663

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kent & Queen Anne Hosp.
STREET ADDRESS (If rural, give location) Chestertown 37

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Coleman
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1954
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 5, 54
9. AGE last birthday — yrs. If under 1 year Months. Days If under 24 hrs. Hours 20 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - Infant -
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chestertown - Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry W. Coleman
14. MOTHER'S MAIDEN NAME Sara Emily Batchelor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 9 (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Harry W. Coleman - Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7625

Immediate cause (a) Cause unknown - possible atelectasis or cerebral hemorrhage — 20 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1954, to May 6, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE Willard F. Smith MD (Degree or title) ADDRESS Rock Hall DATE SIGNED 5/6/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 7 1954
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown (State) Maryland

DATE REC'D BY LOCAL REG. May 7-1954
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown Md

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MARGIN RESERVED FOR BINDING

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RECEIVED
MAY 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04642

4664

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37 | LENGTH OF STAY (in this place) 35 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS II6 Queen St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37

STREET ADDRESS (If rural give location) Queen St.

3. NAME OF DECEASED: (Type or Print) (First) HERMAN (Middle) P. (Last) Copeland

4. DATE OF DEATH: (Month) May (Day) I6, (Year) 1954 19

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 4/24/I868 | 9. AGE last birthday: 86 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Penna. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Copeland | 14. MOTHER'S MAIDEN NAME: Rachel Connelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: no | 17. INFORMANT & ADDRESS: Mr. C. L. Copeland Pittsburg, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute coronary occlusion — Interval Between Onset And Death 6 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1954, to 5-16, 1954, that I last saw the deceased alive on 5-16, 1954, and that death occurred at about 1 PM, from the causes and on the date stated above.

SIGNATURE R. M. Atkins (Degree or title) M.D. | ADDRESS Chestertown | DATE SIGNED 5-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 19, 1954 | NAME OF CEMETERY OR CREMATORY Chester Cemetery | LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR May 18-1954 | REGISTRAR'S SIGNATURE Clara S. Barnes. | 24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1954
BUREAU V. S.

04643

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4671

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Melotita
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS near - Chestertown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Melotita - near Chestertown
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) Henry (Last) Cottman

4. DATE OF DEATH: (Month) May (Day) 24, (Year) 1954 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 1, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer on farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Cottman

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Edna Walley Chestertown, Md. step-daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2 (a) Myocardial degeneration — Interval Between Onset And Death: no history

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to May 20, 1954, that I last saw the deceased alive on 5/20, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE Kester M.H. (Degree or title) ADDRESS Rock Hall, Md. DATE SIGNED 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5/27/54

NAME OF CEMETERY OR CREMATORY Sandy Bottom Cem. - near - Chestertown, Md. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR May 24-1954

REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells. - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04644

4672

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairlee X — LENGTH OF STAY (in this place) life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairlee X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Grover (Middle) Cleveland (Last) Hatcherson

4. DATE OF DEATH: (Month) (Day) (Year) May 8, 1954 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Feb. 9, 1888	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
School Bus	Driver (owner)	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert R. Hatcherson	Catherine Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	220-32-1191	Mrs. Mary F. Hatcherson Fairlee, Md. wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

444 X

Immediate cause (a) heart black

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) H B Pressure

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 26, 1954, to May 8, 1954, that I last saw the deceased alive on Apr 26 1954, and that death occurred at 9-30, from the causes and on the date stated above.

SIGNATURE (Degree or title) H B Copeland M.D. ADDRESS Fairlee DATE SIGNED Kent Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 11, 1954 NAME OF CEMETERY OR CREMATORY St. Paul's Cem. LOCATION (City, town, or county) (State) near - Fairlee, Md.

DATE REC'D BY LOCAL REGISTRAR May 9-1954 REGISTRAR'S SIGNATURE Clara S. Barnes. 24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 19[illegible]
BUREAU OF [illegible]

4665 **MARYLAND STATE DEPARTMENT OF HEALTH** 04645

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & G.A. Hosp.	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HENRY (Last) HUDSON

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 9-6-1869

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thos. A. Hudson

14. MOTHER'S MAIDEN NAME: Adaline Upilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-12-1779

17. INFORMANT AND ADDRESS: Mrs. Mary Ward = Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to May 31, 1954, that I last saw the deceased alive on May 31, 1954 and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE: Willard F. Smith (Degree or title) MD ADDRESS: Rock Hall, Md. DATE SIGNED: 6/1/54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF: June 3 NAME OF CEMETERY OR CREMATORY: Wesley Chapel LOCATION (City, town, or county): Rock Hall (State): Md.

DATE REC'D BY LOCAL REG.: June 2-1954 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 1
BUREAU

Film#G166 Item# 8
5/14/54 emf

4673

04646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY KENT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON — LENGTH OF STAY (in this place) 2 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) DORA (Last) KING				4. DATE OF DEATH (Month) MAY (Day) 6 (Year) 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)	8. DATE OF BIRTH JULY 2, 1878	9. AGE last birthday 75 yrs.	If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN PENNINGTON			14. MOTHER'S MAIDEN NAME KATHERINE NELSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —	16. SOCIAL SECURITY No. NONE		17. INFORMANT AND ADDRESS JOHN R. KING BETTERTON, MD.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac arrest — None

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary ~~sclerosis and~~ arteriosclerosis — Dust breast

(c) & coronary insufficiency — Dust & last 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1954, to 5-6, 1954, that I last saw the deceased alive on 5-6, 1954, and that death occurred at 5:00 a.m. EDST, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. H. Ware	M.D.	Chestertown, Md.	5-6-54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL	DATE MAY 8, 1954	NAME OF CEMETERY OR CREMATORY CHESTER CEMETERY	LOCATION (City, town, or county) (State) CHESTERTOWN, MD.
DATE REC'D BY LOCAL REG. 5/7/54	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR B. R. Fellows	ADDRESS Still Pond, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APPROVED
MAY 11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4674 04647

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Galena — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 213 - near Galena

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): Philosophia, Terrace

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Bruce (Last) Massey
4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Nov. 14 1913
9. AGE last birthday: 40 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm implement
10b. KIND OF BUSINESS OR INDUSTRY: Dealer
11. BIRTHPLACE (State or foreign country): Massey - Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel [illegible] Massey
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Mrs. Samuel J. Massey, Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Injuries, multiple, severe — none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe burns — none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway near Galena (CITY OR TOWN) (COUNTY) Kent (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): May 6, 1954 12:15 am EDST
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? automobile accident

22. I hereby certify that I ~~attended~~ viewed the deceased from held an inspection, 19..., to and ~~19...~~, that ~~I last saw~~ the deceased alive on 5-6-, 1954, and that death occurred at 12:15 am EDST m., from the causes and on the date stated above.

SIGNATURE: Robert W. Farr — (Degree or title): Deputy Medical Examiner M.D. — ADDRESS: Chestertown Md — DATE SIGNED: 5-7-54

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: May 9 1954 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: May 7, 1954 — REGISTRAR'S SIGNATURE: Elizabeth J. Mulford
24. FUNERAL DIRECTOR — ADDRESS: [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4675 2411 N. Charles Street, Baltimore 04648

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Galena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 213 - near Galena

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) Roberta (Middle) Hobbs (Last) Massey
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 21 1922
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer
10b. KIND OF BUSINESS OR INDUSTRY Clothing
11. BIRTHPLACE (State or foreign country) New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frederic Hamilton Hobbs
14. MOTHER'S MAIDEN NAME Helen McCarty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 132-05-6264
17. INFORMANT AND ADDRESS Mr. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825X

Immediate cause (a) Injuries, multiple, severe — INTERVAL BETWEEN ONSET AND DEATH: none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe burns — none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway near (CITY OR TOWN) Galena (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) May 6, 1954 12:15 a.m. EDST
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? In auto accident.

22. I hereby certify that I ~~attended the deceased from~~ viewed the deceased, held an inspection and that ~~, 19~~ to ~~, 19~~, ~~that I last saw~~ the deceased alive on 5-6, 1954, and that death occurred at 12:15 a.m. EDST m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 5-7-54

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF May 9 1954 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. May 7, 1954 REGISTRAR'S SIGNATURE Elizabeth J. Medford
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1
BUREAU V. S.

4666 **MARYLAND STATE DEPARTMENT OF HEALTH** 04650

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 111 Mill Street
STREET ADDRESS (If rural, give location) Chestertown

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) TILGHMAN (Last) MOORE
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct. 24-1873
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory
10b. KIND OF BUSINESS OR INDUSTRY Canning
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Moore
14. MOTHER'S MAIDEN NAME Sara Jane Benbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-12-3217
17. INFORMANT AND ADDRESS Mrs. Nannie Moore = Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Neck tumor, variety unknown,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) causing generalized debility +

(c) obstruction to resp. passages 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-9, 1954, to 5-17, 1954, that I last saw the deceased alive on 5-17, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R. M. Hitkins (Degree or title) M.D. ADDRESS Chestertown Md. DATE SIGNED 5-22-54

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF May 22 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill (State) Md.

DATE REC'D BY LOCAL REG. May 22-1954 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9676

CERTIFICATE OF DEATH

04649

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton — LENGTH OF STAY (in this place): 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Betterton Md — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): Bay side

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Andrew	Myers	May	13	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Widower	Nov 28 1871	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor Builder	General Construction	Kent County	U S A

13. FATHER'S NAME: Christian Myers
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	no	Walker Myers, Betterton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	15 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1-12, 1954, to 5-13, 1954, that I last saw the deceased alive on 5-13, 1954, and that death occurred at 10 30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert W. Farr	M.D.	Chestertown Md	5-15-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 16, 1954.	Still Pond Cemetery	Still Pond Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/15/54	E. Kennard Jones	B K Wallace	Still Pond Md

MAY 1[illegible] 4
BUREAU V. S.

atwell

04651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4677

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Norton Md — LENGTH OF STAY (in this place): 81 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Rural Norton — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Norton Kent-Co
STREET ADDRESS (If rural, give location): Colemans Md

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Henry (Last) Roberts

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Sept 6 1873
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Rural Norton, Colemans Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Roberts
14. MOTHER'S MAIDEN NAME: Margaret Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Amelia Roberts Norton RFD Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterial Sclerosis

Antecedent cause(s) (b) Paralysis agitans

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 1st, 1954, to May 13, 1954, that I last saw the deceased alive on May 13, 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. P. Atwell — ADDRESS: Still Pond Md — DATE SIGNED: May 15th.

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~: Burial
DATE: May 16/54
NAME OF CEMETERY OR CREMATORY: Rural Norton Colemans Md
LOCATION (City, town, or county) (State): Rural Norton Colemans Md

DATE REC'D BY LOCAL REG.: 5/15/54
REGISTRAR'S SIGNATURE: E. Kennard Jones
24. FUNERAL DIRECTOR — ADDRESS: B. R. Hellows Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04652

4678 CERTIFICATE OF DEATH Reg. Dist. No. 208

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) B. (Last) SCHELTS
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1954
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 12, 1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Charles Schelts
14. MOTHER'S MAIDEN NAME: Maryanne Holden
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Emma Schelts - Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) chronic Myocardial Insufficiency — Interval Between Onset And Death: 9 years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Generalized Arteriosclerosis — 10 & 15 years
DUE TO
(c) Senility — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia R. great toe — 2 days

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19 54, to May 20 19 54, that I last saw the deceased alive on May 17 1954, and that death occurred at 2:30 am., from the causes and on the date stated above.

SIGNATURE J.H. Hamilton (Degree or title) M.D. ADDRESS Millington, Maryland DATE SIGNED May 21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 23, 1954
NAME OF CEMETERY OR CREMATORY Sudlersville Cem.
LOCATION (City, town, or county) (State) Sudlersville, Q.A. Co. Md.
DATE REC'D BY LOCAL REGISTRAR May 24, 1954
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington Md.

VS. A15

RECEIVED
MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4679 CERTIFICATE OF DEATH

05655

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) James (Middle) M. (Last) Sutton, Sr.
4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 9, 1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Waterman
10b. KIND OF BUSINESS OR INDUSTRY: (Small Boats)
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James P. Sutton
14. MOTHER'S MAIDEN NAME: Mary E. Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: J. Merritt Sutton (Son) Betterton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Uremia	2 weeks
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerosis	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation — 3 months; Pulmonary fibrosis — ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1954, to May, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 10:25 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Florence Denniger Joyce MD
ADDRESS Worton, Md.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/I/54
NAME OF CEMETERY OR CREMATORY Still Pond Cem.
LOCATION (City, town, or county) (State) Still Pond, Md.

DATE REC'D BY LOCAL REGISTRAR 6/1/54
REGISTRAR'S SIGNATURE E. Kennard Jones
24. FUNERAL DIRECTOR J. Willis Wells
ADDRESS Chestertown, Md.

VS. A15

RECEIVED
JUN 8 1954
BUREAU

MARYLAND 4667 04653 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY: KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHESTERTOWN 3 — LENGTH OF STAY (In this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KENT + QUEEN ANNE'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND — COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHESTERTOWN 51
STREET ADDRESS (If rural, give location): MILL ST.

3. NAME OF DECEASED (Type or Print): (First) ~~SW~~ MIRIAM (Middle) GARDNER (Last) SWEETMAN
4. DATE OF DEATH (Month) (Day) (Year): MAY 15 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: 5-13-02
9. AGE last birthday: 52 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CAPE CHARLES, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: EDWIN GARDNER
14. MOTHER'S MAIDEN NAME: EMILY SHEPPARD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: HOSPITAL RECORD - Mr. John Sweetman, Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF BREAST — 2 YRS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9/53, 19....., to 5/15/54, 19....., that I last saw the deceased alive on 5/14/54, 19....., and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: Chestertown Md — DATE SIGNED: 5/15/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 17, 1954 — NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery — LOCATION (City, town, or county) (State): Chestertown, Maryland

DATE REC'D BY LOCAL REG.: May 15-1954 — REGISTRAR'S SIGNATURE: [signature] Barnes. — 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md.

MARGIN RESERVED FOR BINDING

4668 MARYLAND STATE DEPARTMENT OF HEALTH

04654

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2,021

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wicks Apts; Water Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
STREET ADDRESS (If rural, give location) Wicks Apt; Water Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alpine	Solman	Wickes	MAY	13	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug. 15 1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Calvert Co. Maryland	USA,

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles S. Solman	Hammaille

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	- no -	Mr. Lewis W. Wickes - Penn. R.R. Phila. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	5 Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple cerebral thromboses	3 months
	(c) Hypertensive heart disease	5 and years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-20, 1954, to 5-13, 1954, that I last saw the deceased alive on 5-12, 1954, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. C. Sink	M.D.	Chestertown, Md.	5-13-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 16 1954	St. Paul Cemetery	Millington, Kent Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 15-1954	Clara L. Barnes	Marvin V. Williams	Chestertown Md.

RECEIVED
MAY 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04655

4680

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) H. (Last) Wood

4. DATE OF DEATH: (Month) May (Day) 19, (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec. 31, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Sappington
14. MOTHER'S MAIDEN NAME: Frances Wickes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mrs. Cecil Crouch Rock Hall, Md. daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 12 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to May 19, 1954, that I last saw the deceased alive on May 19, 1954, and that death occurred at 6 15 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith, MD
ADDRESS Rock Hall
DATE SIGNED May 19, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 21, 1954
NAME OF CEMETERY OR CREMATORY Wesley Chapel Cem.
LOCATION (City, town, or county) (State) Rock Hall, Md.

DATE REC'D BY LOCAL REGISTRAR May 20, 1954.
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24 1954
BUREAU V. S.